

BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COPY

INITIAL REPORT

Report ID: 20231207105952000026992

CASE NUMBER

202317880

CAD NUMBER

AGENCY ORI
GA0050000

Event					
INCIDENT LOCATION Vinson Highway, Milledgeville		STATE GA	ZIP 31061	ZONE 3 3	Loc. Code
INCIDENT DATE 06/10/2023	TIME 01:19	TO DATE 06/10/2023	TIME 01:25	DAY OF THE WEEK (INCIDENT): SATURDAY	Description NEAR CLINE AVENUE
WEATHER CONDITIONS		DISCOVERED BY OFFICER ON PATROL		CARGO THEFT INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State/GCIC					
OCA		ACTION		PERSON <input type="checkbox"/>	WARRANT <input type="checkbox"/>
				VEHICLE <input type="checkbox"/>	ARTICLE <input type="checkbox"/>
				BOAT <input type="checkbox"/>	GUN <input type="checkbox"/>
				SECURITIES <input type="checkbox"/>	
Administration					
EVIDENCE COLLECTED?	<input checked="" type="checkbox"/> Y	PHOTOS TAKEN?	<input type="checkbox"/> N	FOLLOW UP - PATROL?	<input type="checkbox"/> N
PRINTS TAKEN?	<input type="checkbox"/> N	COMPLAINT UNFOUNDED?	<input type="checkbox"/> N	FOLLOW UP - DETECTIVES?	<input type="checkbox"/> N
BIO./DNA EVIDENCE?	<input type="checkbox"/> N	WILLING TO PROSECUTE?	<input checked="" type="checkbox"/> Y	RESPONSE CODE	
BODY CAMERA USE?	<input checked="" type="checkbox"/> Y	IN CAR CAMERA USE?	<input type="checkbox"/> N	TASER USE?	<input checked="" type="checkbox"/> Y
REPORT DATE/TIME	06/10/2023	04:12	COMPSTAT		
REPORTING OFFICER	39	JEROME ROBERTS		REVIEWED BY	
VEHICLE NUMBER	728			REVIEWED DATE	
APPROVING OFFICER	39	JEROME ROBERTS		DIVISION ASSIGNED	
APPROVED DATE	06/11/2023			ASSIGNED DATE	
				INVESTIGATOR ASSIGNED	
				ASSIGNED DATE	
CLEARANCE DATE: 06/10/2023					
CASE STATUS: CLEARED BY ARREST					
TOTAL OFFENDERS: 2					
Offense # 1					
OFFENSE STATUTE: 42-5-15	OFFENSE DESCRIPTION: GOING INSIDE GUARDLINE WITH WEAPON, LIQUOR OR DRUGS -/FEL/			COUNTS: 1	OFFENSE STATUS: Completed
NIBRS OFFENSE CODE: 35A	OFFENSE DESCRIPTION: Drugs/Narcotics Violation				
OFFENSE LOCATION: 15-Jail/Prison/Penitentiary/Corrections	HATE CRIME: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Bias Motivations: (1) 88-None (No Bias)		
Drug Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drug Type: 4-Processed Marijuana				
Offender Suspected of Using: (Choose up to 3) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable				IF BURGLARY, METHOD OF ENTRY: (For Burglary Only) NUMBER OF PREMISES:	
Gang Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gang Name:				
WEAPON TYPE/FORCE USED: (Can list up to 3)	AUTOMATIC WEAPON: (Can only be YES if firearm)		TYPE OF CRIMINAL ACTIVITY: (Can list up to 3)		
(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(1) POSSESSING/CONCEALING		
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(2)		
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(3)		
Offense # 2					
OFFENSE STATUTE: 40-5-20	OFFENSE DESCRIPTION: DRIVING W/ EXPIRED LICENSE			COUNTS: 1	OFFENSE STATUS: Completed
NIBRS OFFENSE CODE: 90Z	OFFENSE DESCRIPTION: All Other Offenses				
OFFENSE LOCATION: 13-Highway/Road/Alley/Street/Sidewalk	HATE CRIME: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Bias Motivations: (1) 88-None (No Bias)		
Drug Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drug Type: -				
Offender Suspected of Using: (Choose up to 3) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable				IF BURGLARY, METHOD OF ENTRY: (For Burglary Only) NUMBER OF PREMISES:	
Gang Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gang Name:				
WEAPON TYPE/FORCE USED: (Can list up to 3)	AUTOMATIC WEAPON: (Can only be YES if firearm)		TYPE OF CRIMINAL ACTIVITY: (Can list up to 3)		
(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(1)		
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(2)		
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(3)		